

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$530.00 for dates of service 01/31/01 and 02/13/01.
- b. The request was received on 01/25/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 08/28/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement found in the case file.
2. Respondent: Response not found in the case file.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 01/31/01 and 02/13/01.
2. The denial listed on the EOB is "DISPUTED CHANGE OF TREATING M.D. DISPUTED CHANGE OF TREATING DR GOING TO BRC."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
01/31/01	97750-FC	\$500.00	\$0.00	L	\$100.00 (per hour)	TWCC Rule 126.9(f)	The Commission approved change of Dr. request on 10/17/00, according to the TWCC-53 submitted by the provider. Therefore, reimbursement is recommended in the amount of <b>\$500.00</b> .
01/31/01	99080-73	\$15.00	\$0.00	L	DOP	TWCC Rule 126.9(f)	The Commission approved change of Dr. request on 10/17/00, according to the TWCC-53 submitted by the provider. Therefore, reimbursement is recommended in the amount of <b>\$15.00</b> .
02/13/01	99080	\$15.00	\$0.00	L	DOP	TWCC Rule 126.9(f)	The Commission approved change of Dr. request on 10/17/00, according to the TWCC-53 submitted by the provider. Therefore, reimbursement is recommended in the amount of <b>\$15.00</b> .
<b>Totals</b>		\$530.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$530.00</b> .

## V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$530.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 9<sup>th</sup> day of December 2002.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb